

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018656

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1244

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Overland

Length of stay in 1b
37 yrs.

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION Overland Restorium

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN St. Louis Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4400 W. Pine Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Frieda S. Seib

4. DATE OF DEATH
Month Day Year
April 12 1963

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
1-5-1885

9. AGE (last birthday)
78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Saleslady

10b. KIND OF BUSINESS OR INDUSTRY
Scrugg Vandervoot

11. BIRTHPLACE (City and state or country)
Belleville, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Geroge Semmelroth

13b. MOTHER'S MAIDEN NAME
Mina

14. NAME OF HUSBAND OR WIFE
Julius F. (dcd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address
Edna Warner-5355 Pershing-St. Louis

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerosis generalized

INTERVAL BETWEEN ONSET AND DEATH
2 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

450

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-10-61 to 4-12-63 and last saw her alive on 4-9-63
Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Baumann Bros. Inc.
2504 Woodson Rd., Overland 14, Mo.

4-15-63

John E. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John M. Lynam

Licensed Embalmer No. _____

4343

P. O. Address _____

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.